

**VIRGINIA DMHMRSAS RFP#720C-04161-08R AUTOMATED PHARMACY SYSTEM APPLICATION  
AND SUPPORT SERVICES**

**OFFEROR QUESTIONS / DEPARTMENTAL RESPONSES**

**SHEET #2 DATED 4/10/08**

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**General Questions**

1. Our proposal is primarily for an inpatient system, but it also has about 65% of the outpatient functionality required. The remaining outpatient functionality can be developed as a customization. Should vendors to classify their proposals as Inpatient Only, Outpatient Only, or Inpatient and Outpatient, or will the selection committee classify it as it best fits their overall needs?

Answer: Please refer to Section V. PROPOSAL PREPARATION AND SUBMISSION REQUIREMENTS: A. General Instructions. It is the responsibility of each Offeror to specify which group they want the proposal to be considered under.

2. Is the provision of data exports for Oryx, Medis, and NRI intended to be a part of this RFP?

Answer: No; what is requested is for the provision of the *functionality* for exporting pharmacy data / data elements.

3. In Attachment D, Column F is headed "Describe How Meets Requirements". The column is locked and cannot be expanded in width, and is too narrow to include any description. Should these descriptions be formulated on a separate document, or is there a way to make this column wider?

Answer: Please see revised excel sheet on the DMHMRSAS web site.

**The following questions refer to Attachment D: Program Functional Requirements**

4. Item 1.23: Please explain "maintenance records" and "depreciation values".

Answer: The intent of this functionality is to track the value of medications and the depreciation or appreciation value over time.

5. Item 1.26: Please provide an example or two of "changes made to purchases".

Answer: The intent of this function is to track any changes or updates of medication purchase orders within an inventory medication management module or, to an automatically generated purchase order that is based on drug utilization, (e.g., to represent a complete audit trail).

6. Item 1.27: Is “location” a main hospital pharmacy, or a satellite pharmacy location within a hospital?

Answer: The intent is to document / report the medication usage at any location whether it is the central pharmacy located in a facility or dispensing cabinet outside of the pharmacy.

7. Item 1.63: Please explain “cross-reference system”.

Answer: The “cross reference” piece refers to linkage of the unique product to inventory management, product identification, (e.g., a picture), cost and other such information.

8. Section 1.67: For a given hospital, is full satellite inventory functionality required for multiple satellite inventory locations within the hospital?

Answer: This is dependant on the architecture of the Offerror’s solution. Please see section 1.67 Program Functional Requirements (FR) for individual items and related specifications.

9. Between 1.67 and 1.90, are the bullets inserted correctly? Specifically, should the bullets be present on Items 1.78 and 1.83?

Answer: a. Yes the bullets are inserted correctly.  
b. FR 1.78, bullets should be present.  
c. FR 1.83, bullets should not be present.

10. Item 2.41: What is the “drug compliance note”?

Answer: This represents an area in the pharmacy system in which pharmacy staff may document notes in a free form fashion.

11. Do items 4.41 through 4.51 pertain primarily to outpatient operations? If not, how are they applicable to inpatient operations?

Answer: This pertains to both inpatient an outpatient operations. See 4.105 and 12.01 in Attachment D or visit the following web site address for additional information, (<http://ncpd.org/>)

12. Please explain 4.54.

Answer: This refers to the intent to provide the capability to justify certain parameters for specific medications, medication use or overuse, or patient specific unique circumstances etc., that should be documented within the pharmacy record.

13. Within the context of Item 4.107, what are “intra-pharmacy transfers”?

Answer: This reference will be deleted in an Addendum.

14. For Item 8.28, aren't these primarily EHR functions? Are they to be duplicated within the pharmacy system itself?

Answer: Yes items in 8.28 are primarily E-HR functions. Duplication is dependent upon each Offeror's solution.

15. For Item 8.30, please provide examples of a "recall notices concerning patient-related issues".

Answer: An example of a "recall notice" may be a reminder for an upcoming lab date that is needed when dispensing specific medication.

16. In the context of 8.35, 8.64, and 8.65, please define the specific requirements of medication reconciliation.

Answer: a. Program FR 8.35 does not relate to medication reconciliation.  
b. Please see the Joint Commission (JCAHO) requirements regarding medication reconciliation for FR 8.64 for further information, (<http://www.jointcommission.org/>).  
c. The information contain in the RFP under FR 8.65 "is" the specific requirement.

17. For Items 8.56 through 8.58, aren't these primarily applicable to outpatient operations? If not, how do they apply to inpatient operations?

Answer: No, Items 8.56 through 8.58, are not primarily applicable to outpatient operations. See 4.105 and 12.01 in Attachment D or visit the following web site address for additional information, (<http://ncdpd.org/>)

18. Items 9.10 and 9.11 appear to be outpatient-only functions. Is this true? If not, how do they apply to inpatient?

Answer: Items 9.10 and 9.11 are not outpatient-only functions. They apply to inpatient by supporting an accurate utilization / monitoring audit trail.

19. In items 11.66 and 11.67, what is the "drug number" and "third party coverage code"?

Answer: The "drug number" refers to the drug manufacturer's number, e.g., NDC.  
The "third party coverage code" refers to the payer code.

20. Regarding 12.14 through 12.16, specifically what does "submit bill" entail?

Answer: 12.14 refers to point of sale billing functionality; 12.15 & 12.16 refers to E-HR and billing upon administration. See 4.105 and 12.01 in Attachment D or visit the following web site address for additional information, (<http://ncdpd.org/>).

21. Regarding 12.20, specifically what is meant by “point of sale technology”?

Answer: See 4.105 and 12.01 in Attachment D or visit the following web site address for additional information, (<http://ncpdp.org/>).

22. Regarding 12.27, what values are compared to produce this discrepancy report?

Answer: The intent of the functional requirement is to identify differences between the prescription charge and or cost versus dollars reimbursed by third party payers.

23. Regarding 18.02, please explain and/or provide an example or two of “on demand rules”.

Answer: The intent of this functional requirement is the capability for the establishment of a “rules engine” that associates medications with established user defined protocols.

24. In reviewing Attachment D in detail in comparison to our pricing structure, there are numerous items, which we classify as optional. In order to reduce cost, it would be beneficial to determine if these optional features will be needed at all hospitals or not. If not which hospitals will utilize which features? The optional features in question are:

- a. Pharmacy inbound and outbound drug wholesaler interfaces;
- b. Pharmacy outbound billing interface to finance department;
- c. Third party billing interface;
- d. Automatic dispensing machine interface;
- e. Pharmacy inbound interface to Lab/Clinical data;
- f. Pharmacy inbound ADT/registration interface;
- g. Pharmacy bidirectional interface to SureScript/RxHub;
- h. Pharmacy outbound interface to State Board for controlled drugs;
- i. Pharmacy bidirectional interface to Physician Order Entry system;
- j. Electronic MAR/Bedside Verification functionality for administration recording.

Answer: DMHMRSAS Specifications are noted within Attachment D will be needed in all facility pharmacies.

The reference to number “24h”, “Pharmacy outbound interface to State Board for controlled drugs” will be updated in an Addendum.

25. There are two pharmacies that support more than one hospital or facility. Will each of these pharmacies have one inventory that is shared among all of the supported hospitals, or will there be a separate inventory for each of these hospitals?

Answer: Yes, each of these two pharmacies will manage their unique inventories, (i.e., one inventory per pharmacy shared by each facility).